

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019458

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 283

Primary Registration District No. 5655

Registrar's No. 115

FILED JUN 6 1962

1. PLACE OF DEATH

a. COUNTY

Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mt. Vernon

Length of stay in 1b
107 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Mo. State Sanatorium

Inside Limits
Yes ☐ No ☒

c. CITY
OR TOWN Campbell

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
815 Louis St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Andrew

Middle Jackson

Last Lee

4. DATE OF DEATH

Month 5

Day 26

Year 62

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6-22-89

9. AGE (last birthday)
72

IF UNDER 1 YEAR
Months 5 Days 26

IF UNDER 24 HR
Hours 62 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Telephone work

11. BIRTHPLACE (City and state or country)
Missouri

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Peter Lee

13b. MOTHER'S MAIDEN NAME

Louisa Hall

14. NAME OF HUSBAND OR WIFE

Lillie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Hospital record, Mo. State Sanatorium

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic Coma
Cirrhosis of the liver

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Pulmonary tuberculosis, far advanced, active

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour 7:45
a.m. A
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-8-62 to 5-26-62 and last saw her/him alive on 5-25-62
Death occurred at 7:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Removal 5-26-62 Elder Cemetery Campbell Mo
Laress F Home Campbell Mo 5-31-62 Ray Mathan / Rev

5-26-62

5-26-62

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 6850

P. O. Address Republic Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.